



Equal Business Opportunity Self-Certification Application

By completing this application, your minority-, woman- or disabled-owned company may become certified in Howard County, in addition to any other certifications your company may hold. Certification is contingent upon approval by the County's Equal Business Opportunity Commission (EBOC). Certification is valid for two years from date of EBOC approval.

1. Contact Information For EBO Certification:

Name of Company _____ Date of Application _____

Contact Person _____ Title _____

Phone # _____ Fax # _____ Email Address _____

Street Address (**PO Box is not a valid street address for the purpose of EBO certification**) _____

City _____ State _____ Zip _____

Firm's Federal Employer Identification Number (EIN) # : _____ (**Required Field**)

2. Indicate Other Certification(s) Held and **ATTACH PROOF OF CERTIFICATION:**

Certifying Agency

Certification Number

Expiration of Certification

☐ Maryland Dept. of Transportation

☐ City of Baltimore

☐ Other _____

BASIS OF CERTIFICATION: THE COMPANY LISTED ON PAGE ONE OF THIS APPLICATION IS AT LEAST 51% OWNED AND IS CONTROLLED AND MANAGED BY THE SELECTED MINORITY STATUS IN THIS APPLICATION.

3. Indicate the Type of Minority Ownership:

☐ African American

☐ Asian American

☐ Disabled

☐ Eskimo

☐ Female

☐ Hispanic

☐ Native American

4. Indicate Type of Organization and **ATTACH ARTICLES OF INCORPORATION, PARTNERSHIP AGREEMENT, JOINT VENTURE AGREEMENT, OR OTHER APPLICABLE DOCUMENTS:**

☐ Wholesale Distributing

☐ Sole Proprietorship

☐ Individual

☐ Corporation

- ☐ Partnership
☐ Joint Venture
☐ Association
☐ LLC/LPP/Other _____

5. Type of Business

- ☐ Wholesale Distributing
☐ Manufacturing or Production
☐ Retail Dealer
☐ Service Organization
☐ Contractor
☐ Other

6. Date Business Established: _____

7. Is this business an affiliate or subsidiary of another business?

☐ YES, _____ ☐ NO
 NAME OF COMPANY

8. Vendors must be registered to do business in, and must be in good standing in, the State of Maryland with the Department of Assessments and Taxation. ATTACH A COPY OF THE CERTIFICATE OF GOOD STANDING. If your company is not in good standing you may contact the Maryland Department of Assessments and Taxation at www.dat.state.md.us or by calling (410) 767-1340 or Toll Free (888) 246-5941 for information.

9. List ALL Owners

| <u>Name</u> | <u>Ethnic Origin/Race</u> | <u>Gender</u> | <u>Percent Ownership</u> |
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10. Business Profile: Give a concise description of the firm's primary activities and the product(s) and service(s) it provides:

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Checklist of All Required Documents in Order to Process your Certification for Howard County

- ☐ Sections 1 – 10 must be completed in their entirety
☐ Attach Proof of EBO Certifications (#2)
☐ Attach Articles of Incorporation, Partnership Agreement, Joint Venture Agreement, etc. (#4)
☐ Attach Certificate of Good Standing (#8)

EQUAL BUSINESS OPPORTUNITY AFFIDAVIT

I HEREBY AFFIRM THAT:

- A. I have read and understand that where the use of County funds only is involved, Howard County applies the following definitions in determining eligibility for certification:
1. ***“Disabled Individual/Individual with Disabilities”***: An individual who has a physical or mental impairment that substantially limits one or more major life activities or has a record of such impairment. **(Please attach documentation that supports disability status).**
Note: This group includes Service-Disabled Veteran-Owned Small Businesses (SDVOSB).
 2. ***“Minority Individual”***: An individual who is a member of one of the following groups: African Americans, Native American Indians, Asian Americans, and/or Hispanic Americans.
 3. ***“Woman”***: An individual who is a Caucasian Female.
- B. I have read and understand that a certifiable business is any business, other than a joint venture, organized to engage in commercial transactions which is at least 51% owned, controlled and managed, on site on a day to day basis, by one or more individuals defined in paragraph three above.
- C. I also understand that where other than Howard County funds are involved, i.e., Federal or State, the definitions used by the funding agency applies.
- D. I further understand and acknowledge that the Howard County Equal Business Opportunity Program states that ownership and control are defined as follows:
- (1) Ownership
 - (a) For a sole proprietorship to be deemed certifiable, the sole proprietor must meet one of the definitions in paragraph three. For a partnership to be considered certifiable they must meet the definitions in paragraph three. For a corporation to be considered certifiable, legal and equitable ownership of at least 51 percent of all classes of stock, bonds and other securities issued by the corporation must be owned by a person or persons who meet the definition in paragraph 3.
 - (b) For purposes of this definition, any ownership held by an eligible person(s), which is subject to an option or security interest held by a non-eligible person(s) or business entity affecting the incidents of operation and control or sharing in the profits of the enterprise shall not qualify as being an interest held by such eligible person(s).
 - (2) Control
 - (a) This term means both managerial and operational control and requires that the eligible person(s) direct the management of the business and guide its day-to-day operation. Operational control and managerial control are interpreted separately.
 - (b) Operational Control – The eligible person(s) should have some experience and technical competence in the industry to which certification is sought, and show that basic decisions pertaining to the daily operations of the business can be independently made.
 - (c) Managerial Control – The eligible person(s) has the demonstrable ability to make independent and unilateral business decisions needed to guide the future and destiny of the business.
- E. Furthermore I understand that:
- (1) A person may not:
 - (a) Fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification for the purpose of this program.
 - (b) Willfully make a false statement, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial or certification of any entity as defined for the purpose of this program.
 - (c) Willfully obstruct, impede, or attempt to obstruct or impede any County official or employee who is investigating the qualifications of a business entity, which has requested certification.
 - (2) Any person and/or the company they represent who violates the provisions of the Equal Business Opportunity Program may be barred from conducting business with the County.

- (3) A person may not willfully make false statements that any entity is or is not certified for purposes of the County's program. Any person and/or company they represent who violates the provisions of the program may be barred from conducting business with the County.
- F. In light of the definitions concerning Equal Business Opportunity cited in this application, which I have read and understand, I declare and affirm that as the duly authorized representative of this company meets the requirements of a certifiable business which is at least 51 percent owned and controlled by a person(s) as defined in paragraph B above.
- G. The undersigned does understand that the company may be subject to further investigation by a representative of the County and does hereby agree to cooperate fully with the County representative conducting the investigation.

Trade secrets, information privileged by law, and confidential commercial, financial, geological or geophysical data furnished will be protected only as may be provided by the provisions of Subtitle 6, Part III, "Access to Public Records," State Government Article, Annotated Code of Maryland and as may be interpreted by the Courts and the Attorney General of Maryland.

ALL MATERIAL CHANGES IN OWNERSHIP AND CONTROL OF THIS COMPANY, WHICH AFFECTS ITS MINORITY CLASSIFICATION STATUS, SHALL BE SUBMITTED IMMEDIATELY TO THE OFFICE OF PURCHASING, 6751 COLUMBIA GATEWAY DRIVE, SUITE 501, COLUMBIA, MARYLAND 21046.

I do solemnly declare and affirm that I have read the foregoing document and the contents are true and correct to the best of my knowledge, information and belief.

I am the, _____(TITLE), and the duly authorized representative of the company as registered on page one of this application and I possess the legal authority to make this affidavit on my behalf and on behalf of the company for which I am acting.

EBO Certification Signature _____ Date _____
(MUST BE SIGNED BY THE MINORITY, FEMALE, OR DISABLED PERSON)

Typed or Printed Name _____

SEND THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

**Howard County Office of Purchasing
6751 Columbia Gateway Drive, Suite 501
Columbia, MD 21046
Fax: (410) 313-6388
Email: Purchasing@howardcountymd.gov**